

journal advertising is, without a doubt, an effective, important, and necessary form of promotion.

"576 doctors voted for and 62 voted against samples.

"499 doctors voted for and 57 doctors voted against medical journal advertising.

"476 doctors voted for and 54 voted against exhibits.

"123 doctors voted for and 270 voted against post-cards.

"317 voted for and 127 doctors voted against letters.

"302 voted for 2-cent, and 15 doctors voted for 1-cent stamp advertising.

"631 doctors said they interviewed detail men, and 110 said they did not see detail men.

"It is very plain that the doctor is flooded with advertising and promotional matter. He receives from ten to twenty communications a day, all enclosing literature. Even if he is interested, he hasn't the time to peruse, much less study this mass of printed matter, which comes to him unsolicited. We must get the facts over to him quickly and clearly, in such attractive form as to arrest and hold his attention, if for but the brief space of two or three minutes."

"A 'professor' from Illinois has been getting \$2 per treatment from Indiana patients for the treatment of various ailments, and in the court trial, where the 'professor' attempted to defend himself for practicing medicine without a license, testimony showed that, for the most part, the treatment consisted of a few gesticulations with the hands and the recitation of a verse of Scripture," says the Indiana Medical Journal editorially. "Just why the 'professor' did not employ absent treatment and save his carfare into Indiana was not brought out in the trial. As yet we have not learned of the verdict rendered by the jury, but we are inclined to think that the 'professor' is no more guilty than a Christian Scientist, for the Christian Scientists are quite willing to let a child suffer from diphtheria and die with no other attention than that ordinarily given by the true disciple of Mrs. Eddy, who is quite content to depend upon a few well chosen passages in 'Science of Health and Key to the Scriptures' to destroy diphtheria germs and save a suffocating child or cure ingrowing toe-nail, barber's itch, or green-apple colic. On the whole, it is a hard thing to draw the line on violators of the medical law when some are punished and other equally or more guilty go free. We think that the Board of Medical Registration, and prosecutors wherever they may be, should impress upon courts, juries, and the people at large, that it is perfectly proper to permit anyone who holds himself out to treat diseases to employ any form of treatment that in his judgment seems best, but before doing so he shall comply with certain rational educational requirements, and those requirements of necessity must cover the fundamentals of medicine, including anatomy, physiology, and pathology."

"Preventive Medicine Is of Ancient Standing," says Peter MacDonald, M. D. (British Medical Journal). "In the Mosaic laws there are many sanitary measures, and, while some of them are concerned with various incantations and sacrifices, some are in accord with modern ideas; and in the Middle Ages most European countries had laws dealing with sanitation, adulteration of food, etc. The punishment seems to have best fitted the crime in Germany, where there is an account of an adulterator of wines being condemned to drink six quarts of his own wine, from which he died. Nevertheless, in ancient times up to and through the dark ages, preventive medicine consisted mainly of priestly incantations and laying on of hands, and real effective prevention is a growth of the past fifty years or so."

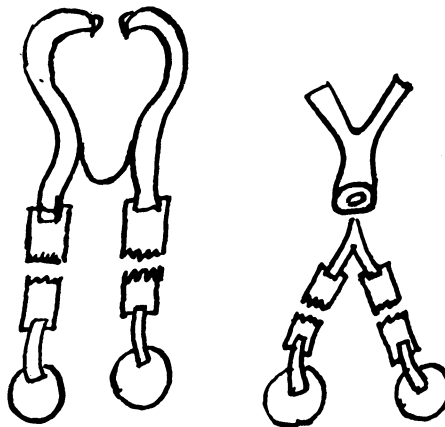
## Clinical Notes and Suggestions

### A PRACTICAL ARRANGEMENT OF THE STETHOSCOPE OR PHONENDOSCOPE FOR THE EXAMINATION OF THE HEART SOUNDS, MURMURS, AND THE HEART IN GENERAL

By Samuel Floersheim, M. D., Los Angeles

In my routine gastro-intestinal examinations, I am in the habit of examining the chests of all patients. At times it had been difficult for me to discern which was the first or the second sound of the heart, or whether there was a systolic or a pre-systolic murmur present.

In my effort to differentiate, I used two phonendoscopes, closing up one ear-piece of each instrument with vaseline, the other open end of each instrument in each ear. It was somewhat crude, awkward, and difficult to get clear definition. It then occurred to me that one could connect the two phonendoscopic or bell ends to one set of ear-pieces. After doing so



I found that the sounds of the heart, together with the murmurs when present, were clear and exceedingly easy of interpretation and differentiation.

It is difficult, at times, for seasoned practitioners to differentiate the heart sounds, murmurs, and other adventitious sounds, and often exciting and heated discussions occur. How much more difficult is it for the student?

I believe, should one construct or rearrange either the bell stethoscope or phonendoscope as per illustration, teaching, interpretation, differentiation and clear definition of the heart sounds, normal and pathological, would be much easier, quicker, and better understood.

I wish to take no priority for this arrangement, as I have not perused the literature. I have never seen nor heard of this arrangement being used. I know that many years ago in the post-graduate medical institutions in New York I saw a single large phonendoscopic end attached to from two to fifteen or more ear extensions. This, of course, is a different arrangement and enables more than one person to listen to the heart or other sounds at the same time; but the arrangement that is depicted in this letter is a reduplication of the phonendoscopic end. A multiplication of the ear-ends could also be assembled, should more than one person wish to listen in.

1015 Story Building.

One out of every 123 persons in the United States is confined in an institution supported by the state because he is either mentally defective, dependent, criminal, or delinquent.—Hygeia.